



WOUNDS

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NMGH

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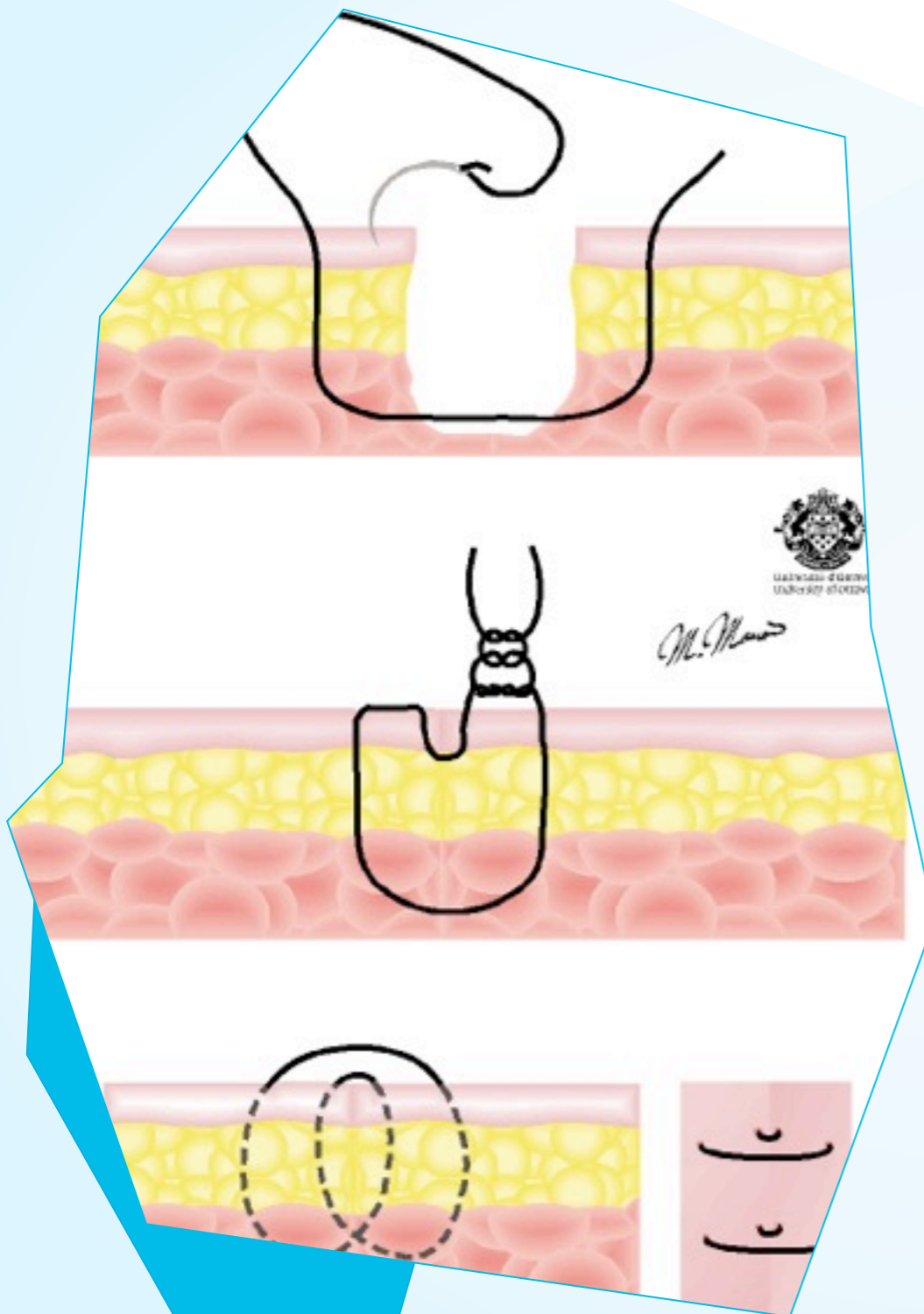
Techniques

Wounds of the face

Wounds on Ears

Truncal wounds





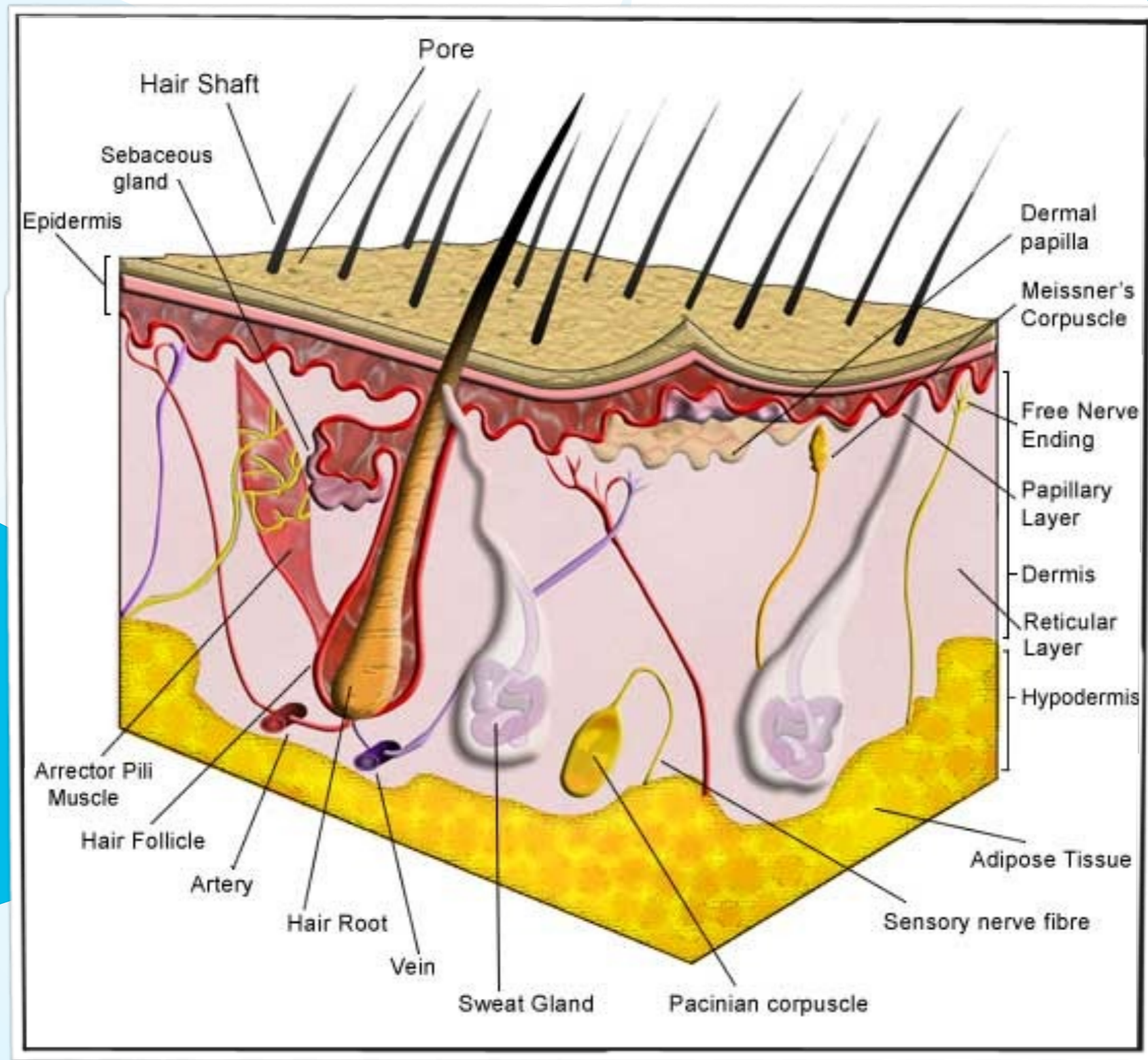
INTRODUCTION

- Potential for police report
- Document mechanism, including weapon (if used)
- Lacⁿ=blunt: Incised wound=sharp
- Don't close bites/GSW/dirty++ or after 12 hours old
- Check Tetanus status

Immunisation Status	Clean Wound	Tetanus Prone Wound	
	Vaccine	Vaccine	Human Tetanus Immunoglobulin
Fully Immunised (ie has received 5 doses of tetanus vaccine at the appropriate times)	None required	None required	Only if very high risk (see above)
Primary Immunisation complete and too young for boosters yet	None required (unless booster due soon and it is convenient to give it now)	None required (unless booster due soon and it is convenient to give it now)	Only if very high risk (see above)
Primary Immunisation complete but booster not up to date and child is aged 3-9 years	Give Repevax (dTaP/IPV) The child will not then need the pre-school booster	Give Repevax (dTaP/IPV) The child will not then need the pre-school booster	Yes – give one dose intramuscularly (im) at a different site from the vaccine
Primary Immunisation incomplete and child is aged < 10 years	Give PEDIACEL (DTaP/IPV/HIB) GP follow up to complete course	Give PEDIACEL (DTaP/IPV/HIB) GP follow up to complete course	Yes – give one dose intramuscularly (im) at a different site from the vaccine
Primary Immunisation incomplete or boosters not up to date and child aged >10 years	Give Revaxis (Td/IPV) GP follow up to complete course	Give Revaxis (Td/IPV) GP follow up to complete course	Yes – give one dose intramuscularly (im) at a different site from the vaccine
Unimmunised or status unknown or uncertain and child aged < 10 years	Give PEDIACEL (DTaP/IPV/HIB) GP follow up to complete course	Give PEDIACEL (DTaP/IPV/HIB) GP follow up to complete course	Yes – give one dose intramuscularly (im) at a different site from the vaccine
Unimmunised or status unknown or uncertain and child aged > 10 years	Give Revaxis (Td/IPV) GP follow up to complete course	Give Revaxis (Td/IPV) GP follow up to complete course	Yes – give one dose intramuscularly (im) at a different site from the vaccine

**ADULTS:
REVAXIS IF
NOT HAD FULL
5 DOSE
COURSE OR
UNSURE OF
VACCINATION
STATUS**

TETANUS STATUS



ANATOMY

Primary Intention

- Haemostatic phase (hrs)
- Inflammatory Phase (8hrs-2/7)
- Proliferative phase (>2-3/7)
- Maturation Phase (>6/52)

Affected by

- DM
- Hypoxia
- Steroids

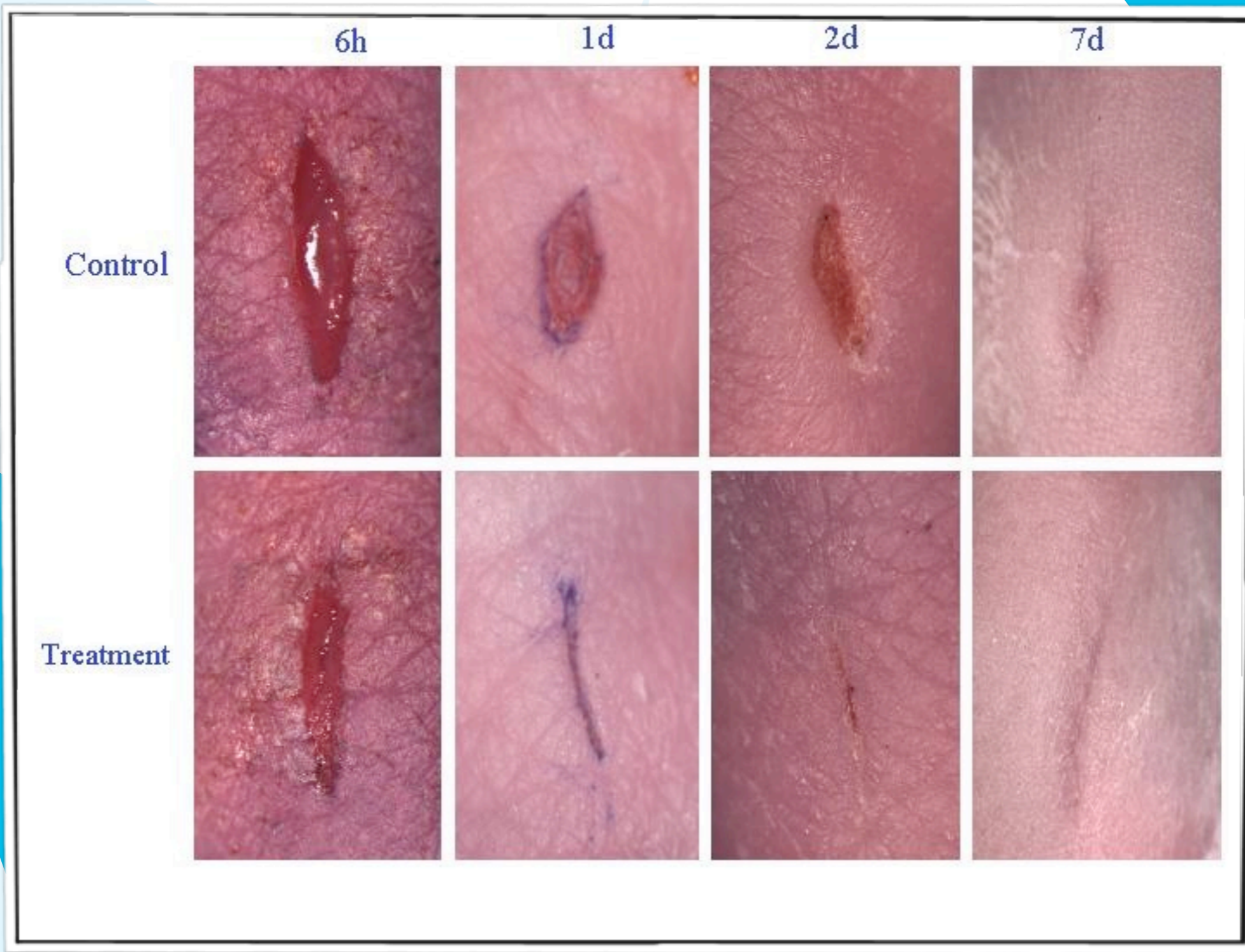
Secondary Intention

- More inflammation/Granulation
- Wider scar/more contraction
- Takes longer

- Immune system
- Diet
- Vascular
- Infection

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HEALING



HEALING

PREPARATION

- + Check nerve fxn (pen test)
- + X-ray glass injury
- + Verbal Informed Consent
- + ANTT technique
- + Local anaesthetic infiltration/block
- + Thorough clean/debride
- + Close
- + Dress
- + Advice wound/removal

CLOSURE

Wound glue



Steristrips



Sutures

Staples



SUTURES

Non-absorbable or
Absorbable

Polyfilament
3-4/52



6

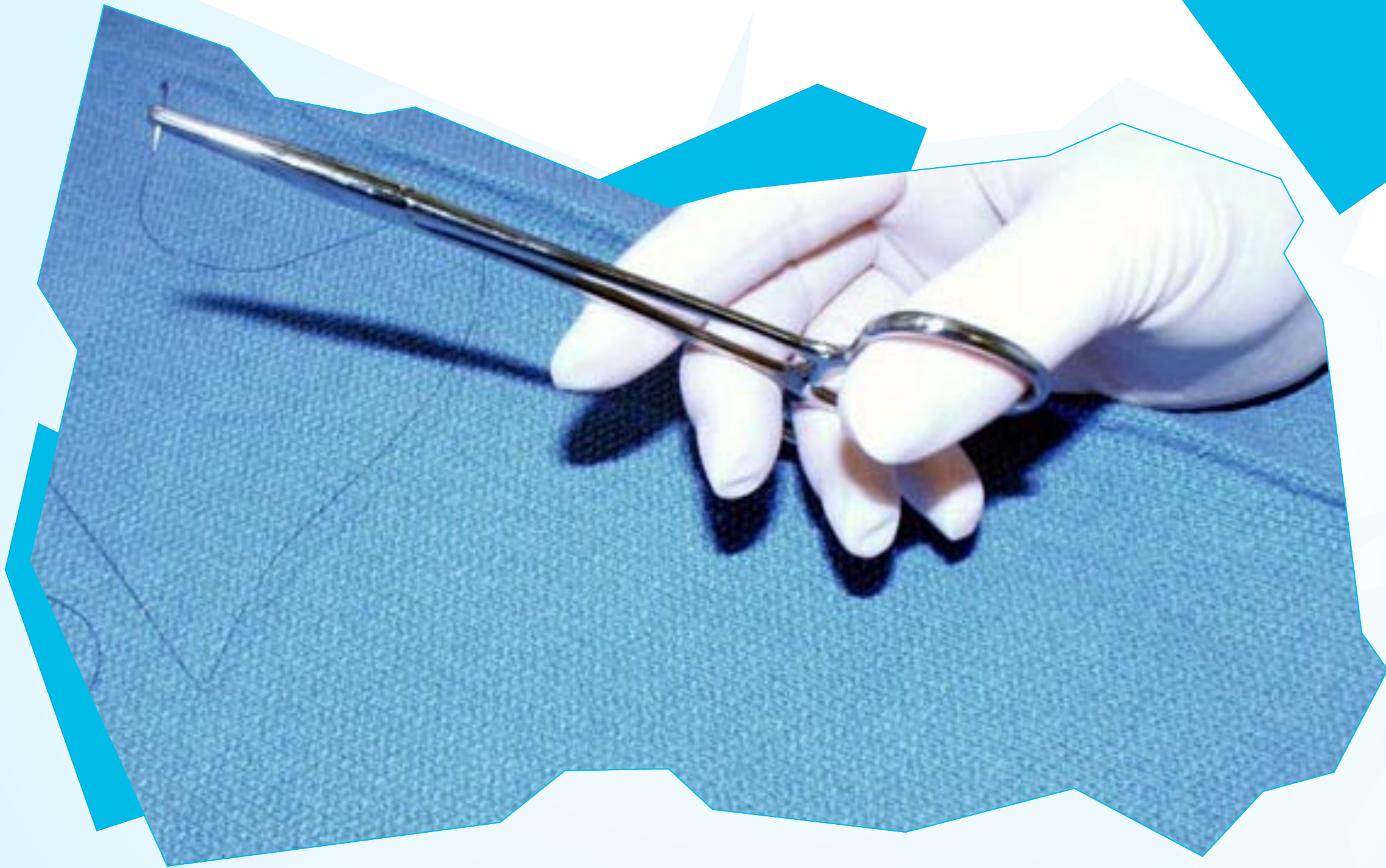


Monofilament
14-21/7

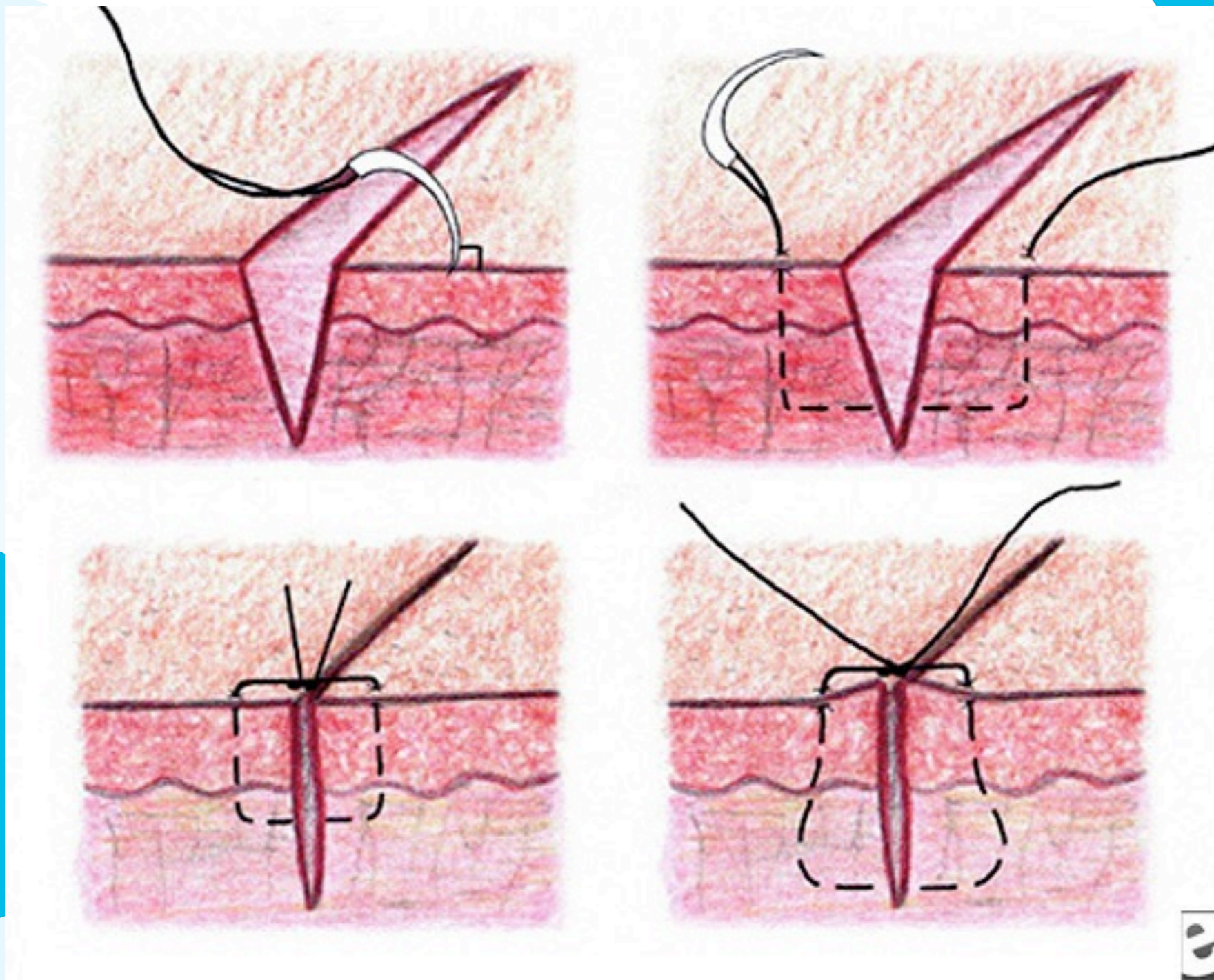


Monofilament
Permanent

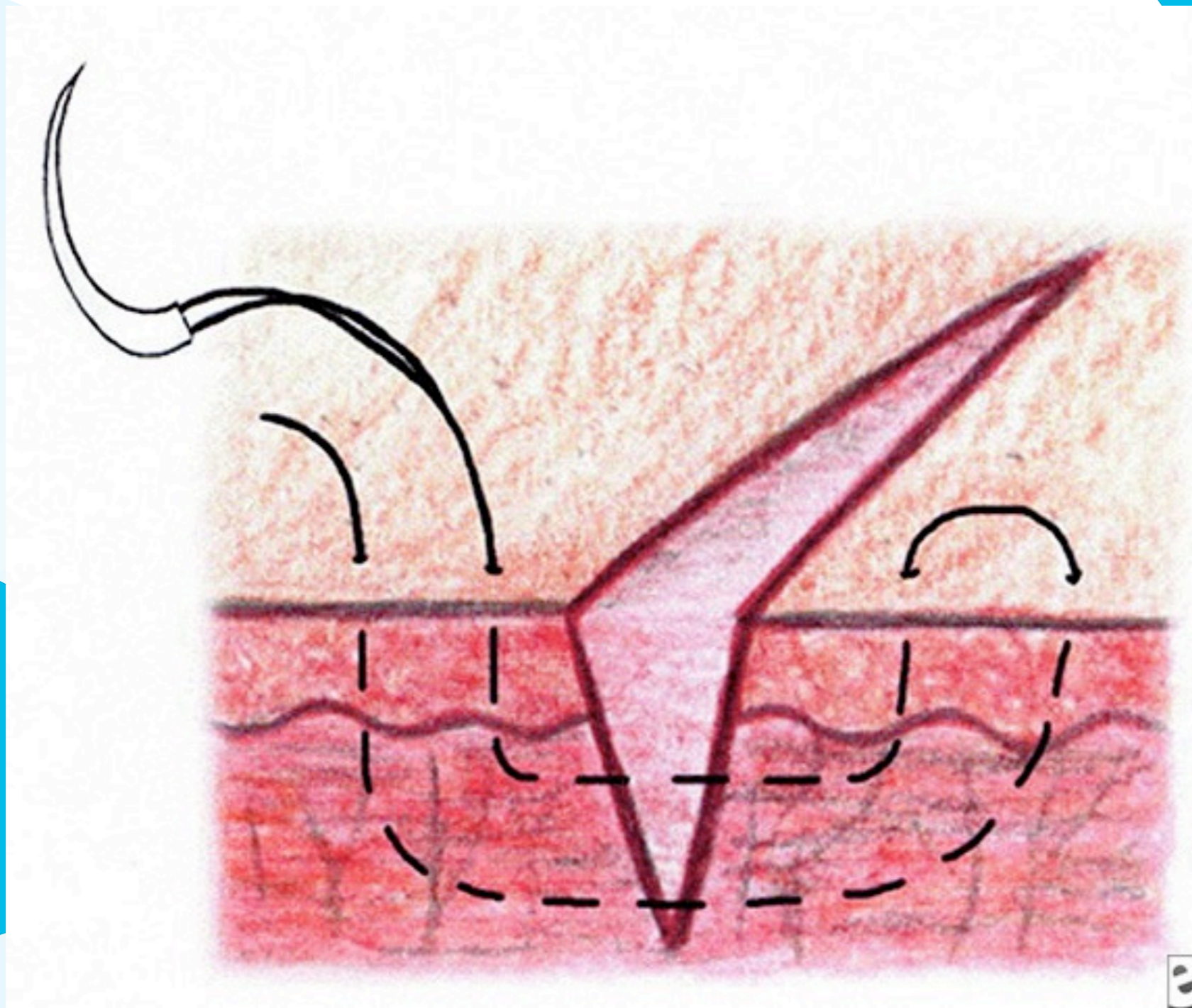




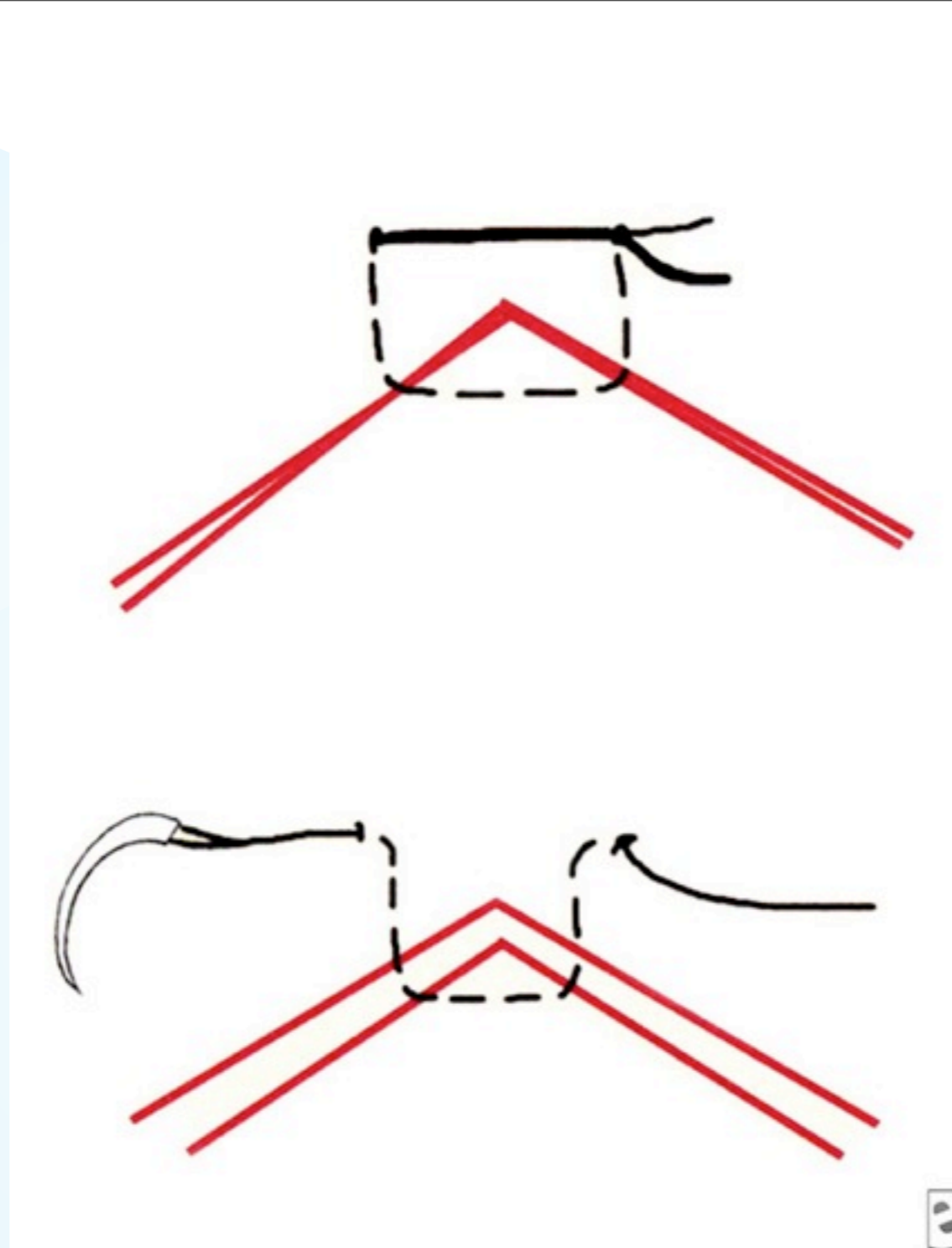
TECHNIQUES: SUTURE



TECHNIQUES: SUTURE



TECHNIQUES: SUTURE



TECHNIQUES: SUTURE

Instrument Tie



KNOT TYING

How to close a flap!

Lee Slager, PA

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FLAP SUTURE



TECHNIQUES: STAPLE

REMOVAL

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Location	No. days
+ Face	+ 3–5
+ Scalp	+ 7
+ Chest and extremities	+ 8–10
+ High tension (joints, hands)	+ 10-14
+ Back	+ 10–14

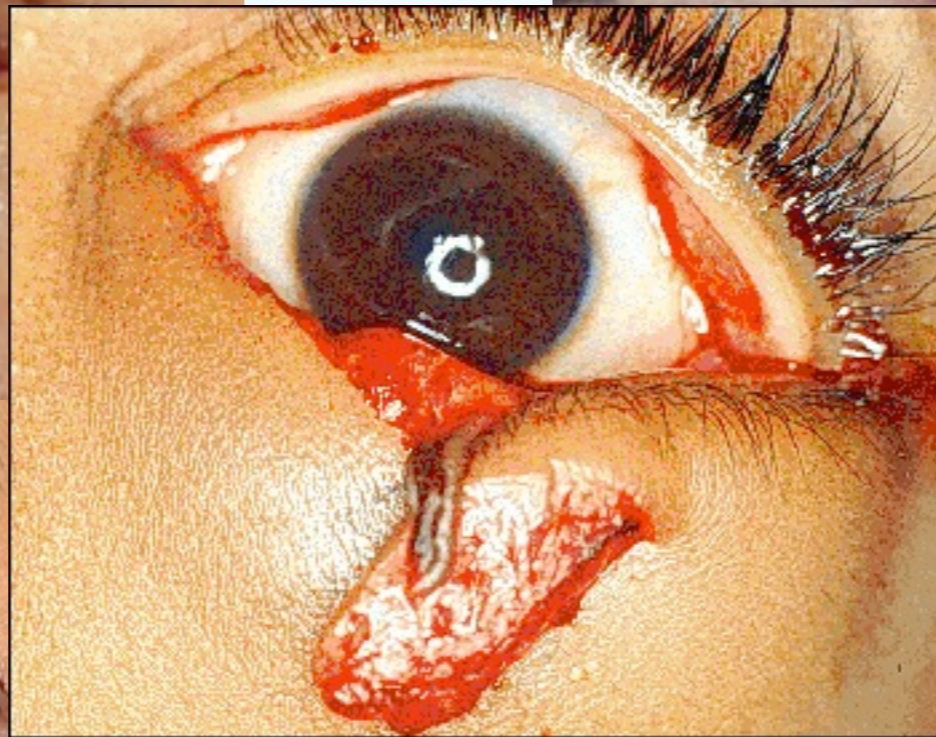
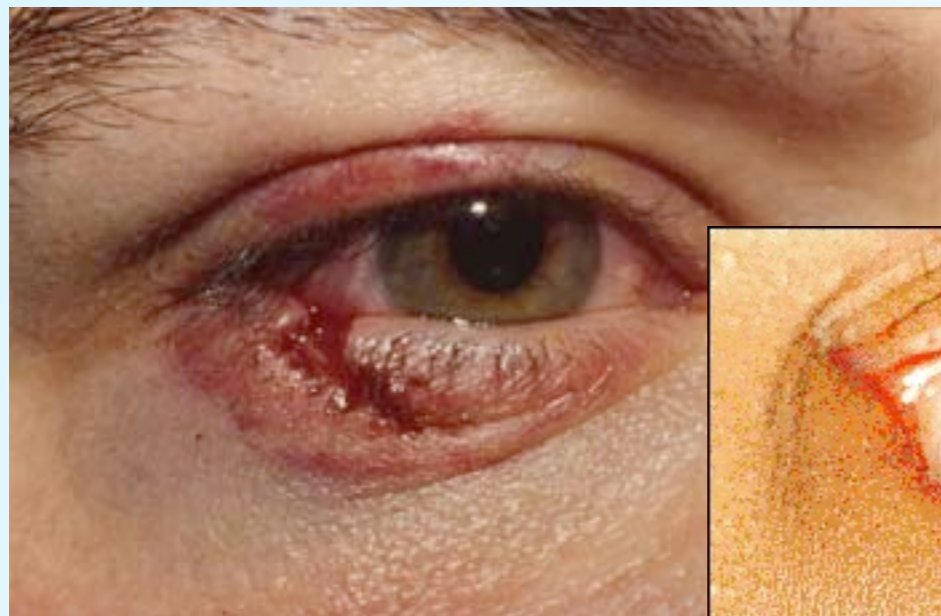
STERISTRIPS

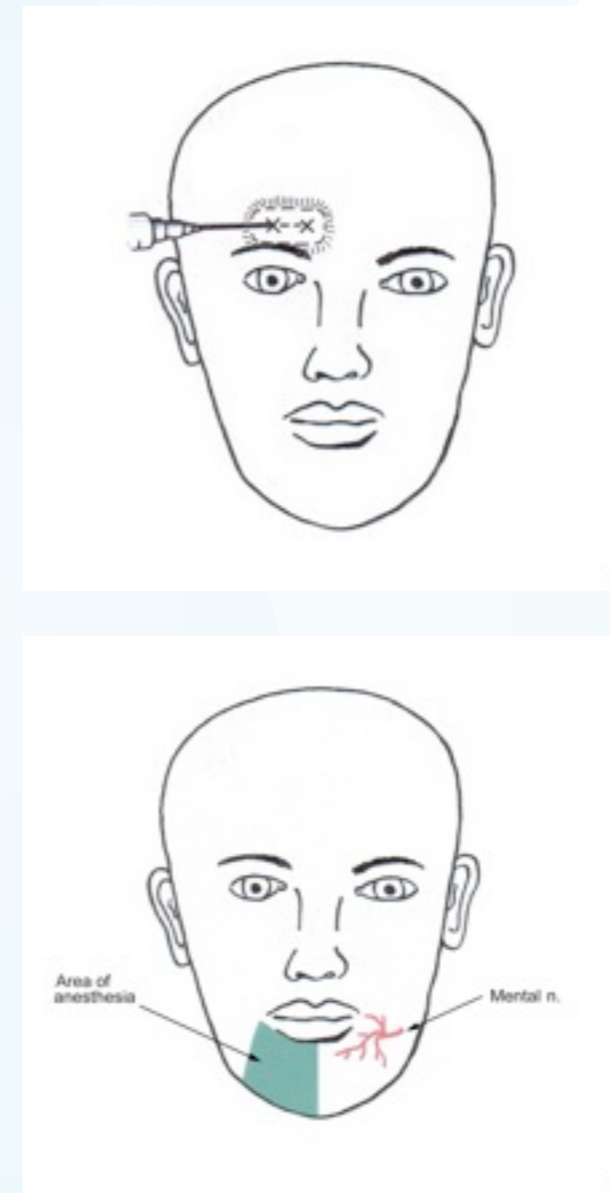
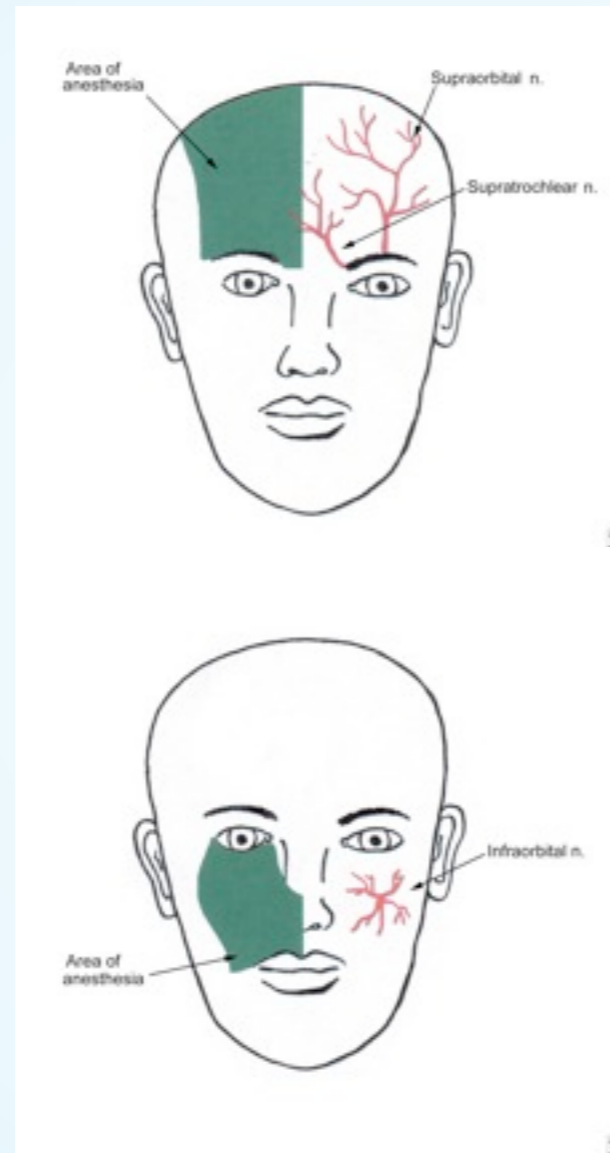
- + For superficial wounds, not over joints
- + Clean wound first
- + Dry skin
- + Hold wound together
- + Apply in a row to one end
- + Pull across to other side and apply

GLUE

- + For superficial wounds, not over joints or moist areas
- + Clean wound first
- + Dry skin
- + Hold wound together
- + Apply along wound with applicator
- + Keep held together to 30 seconds

FACIAL WOUNDS



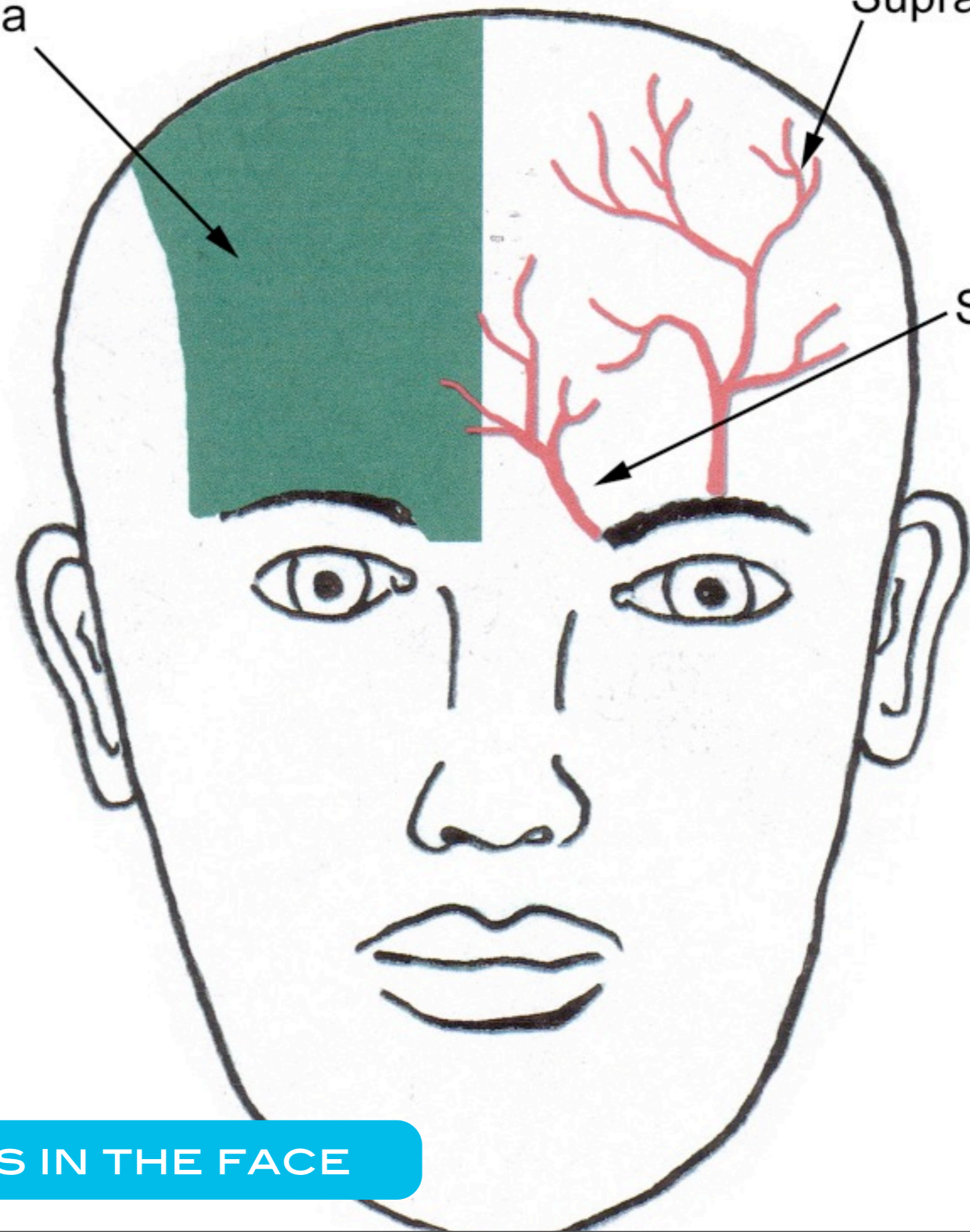


BLOCKS IN THE FACE

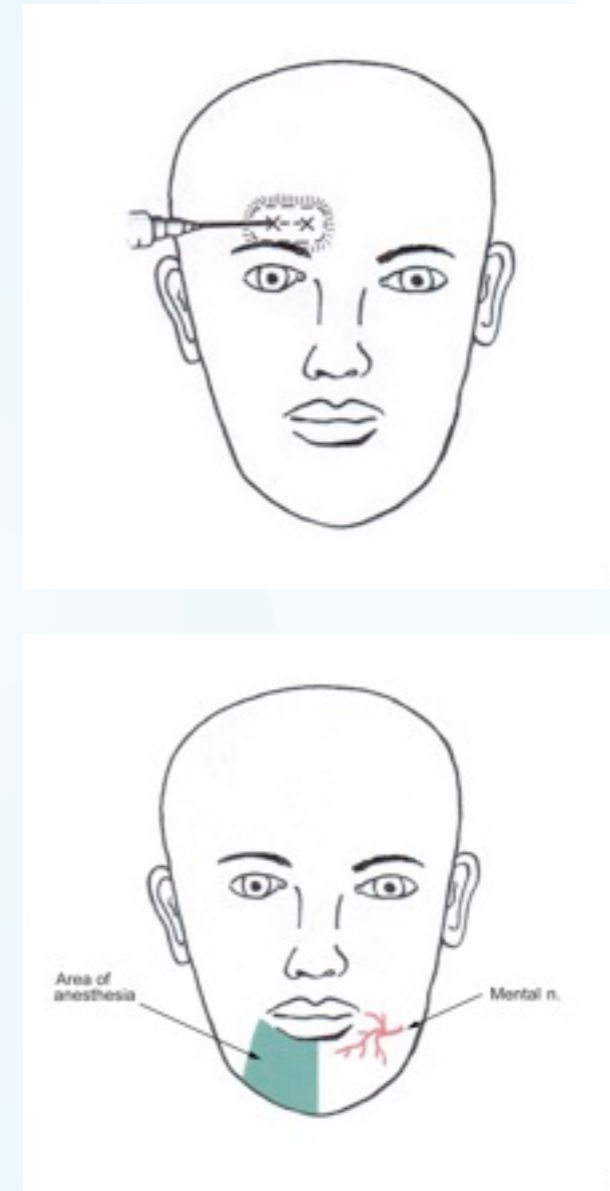
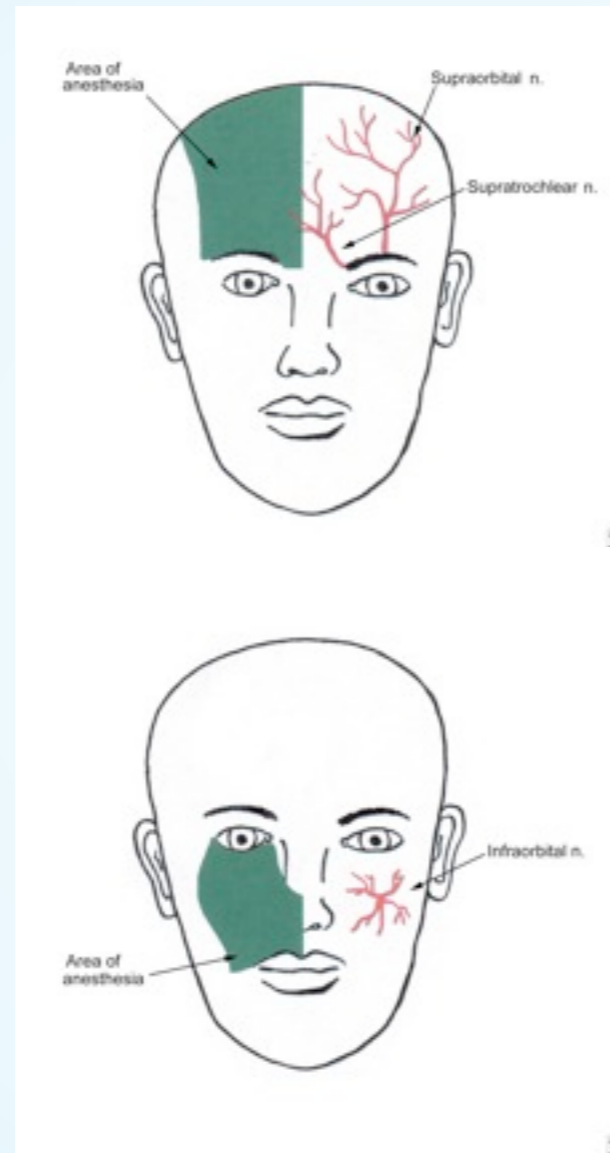
Area of anesthesia

Supraorbital n.

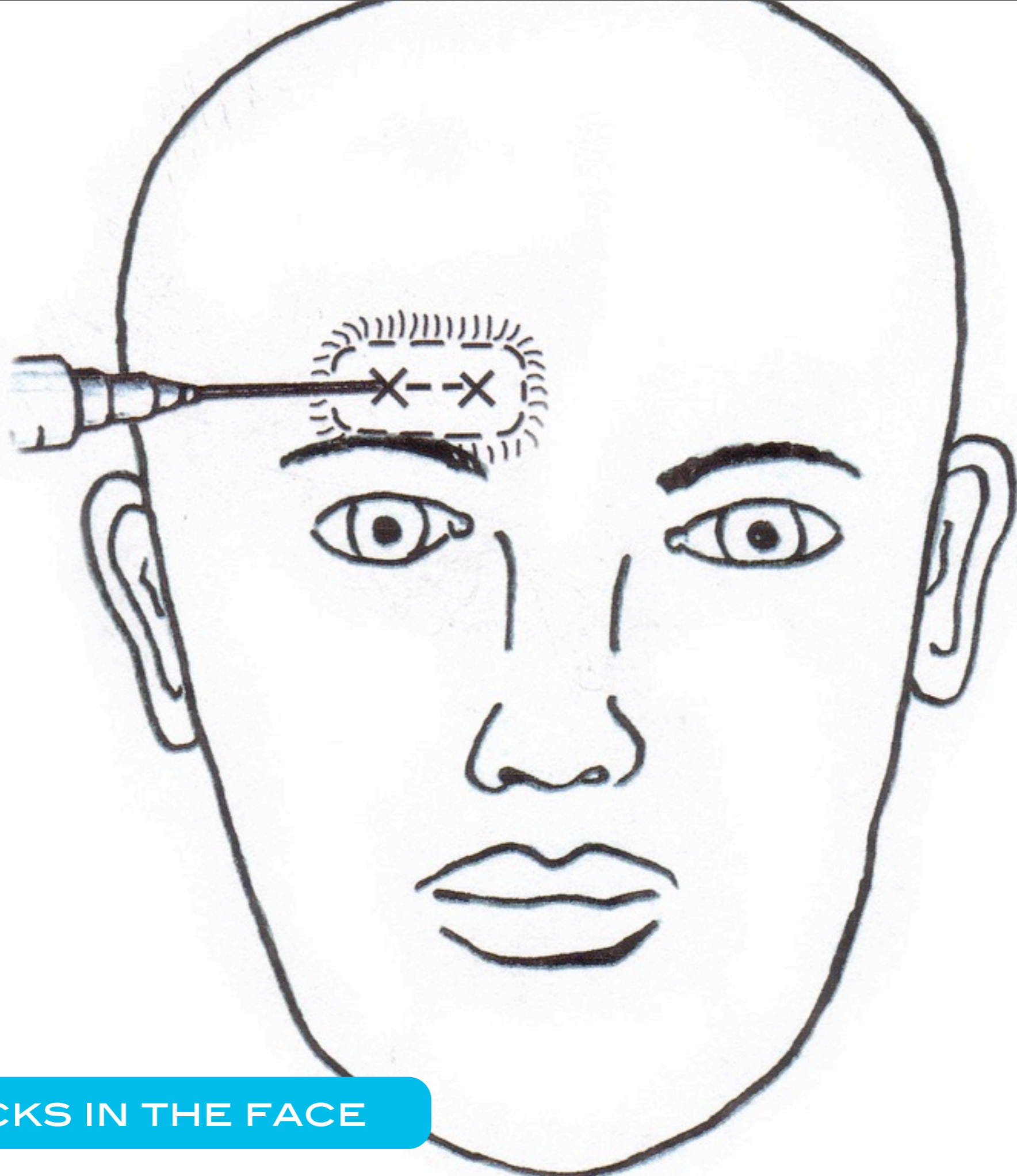
Supratrochlear n.



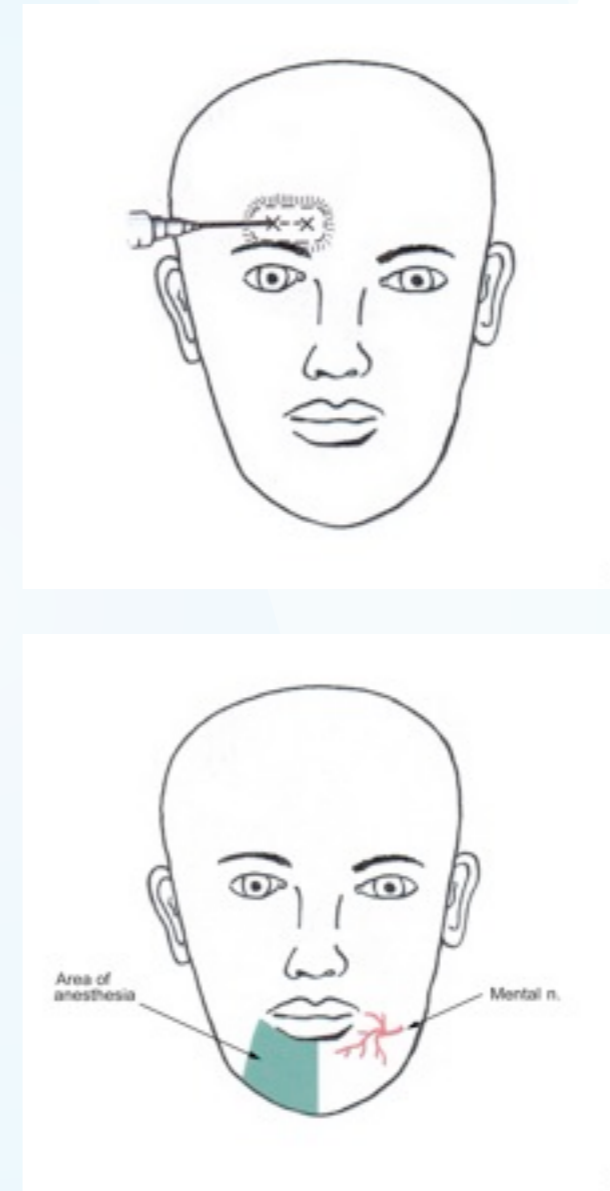
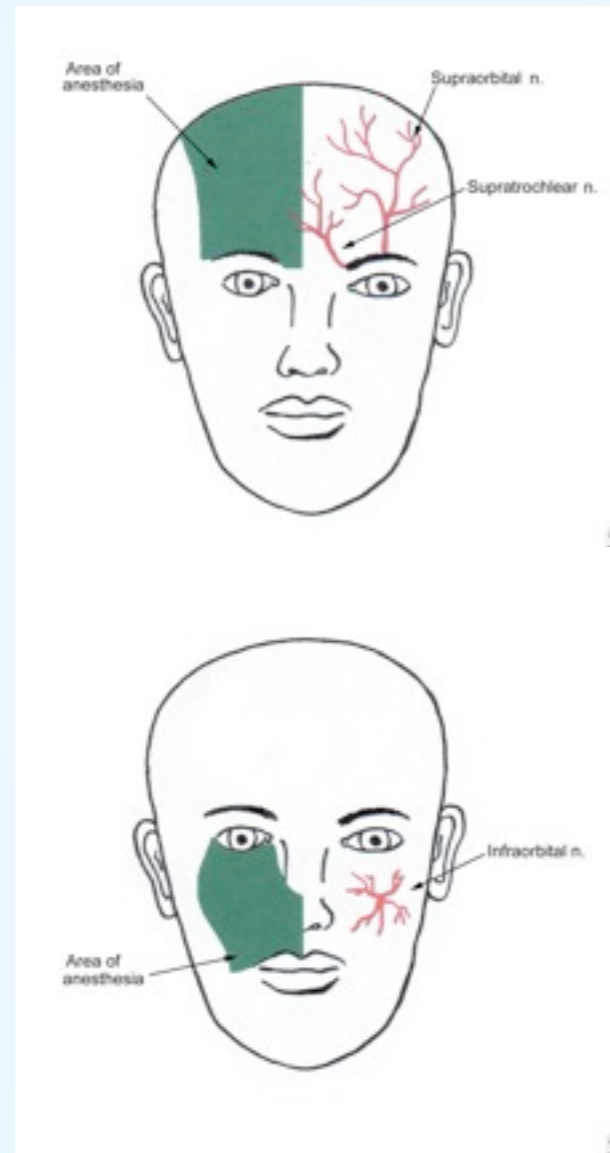
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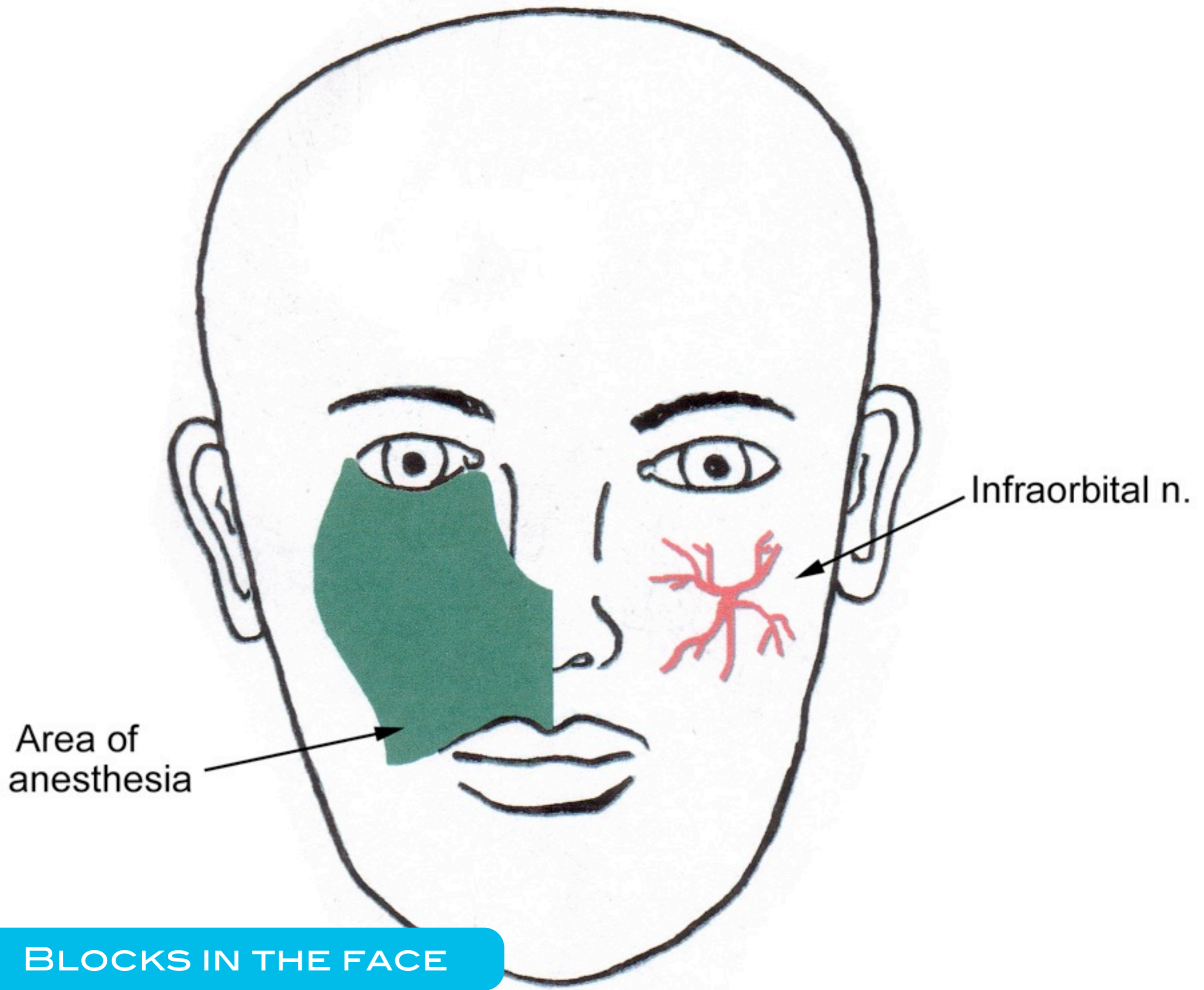
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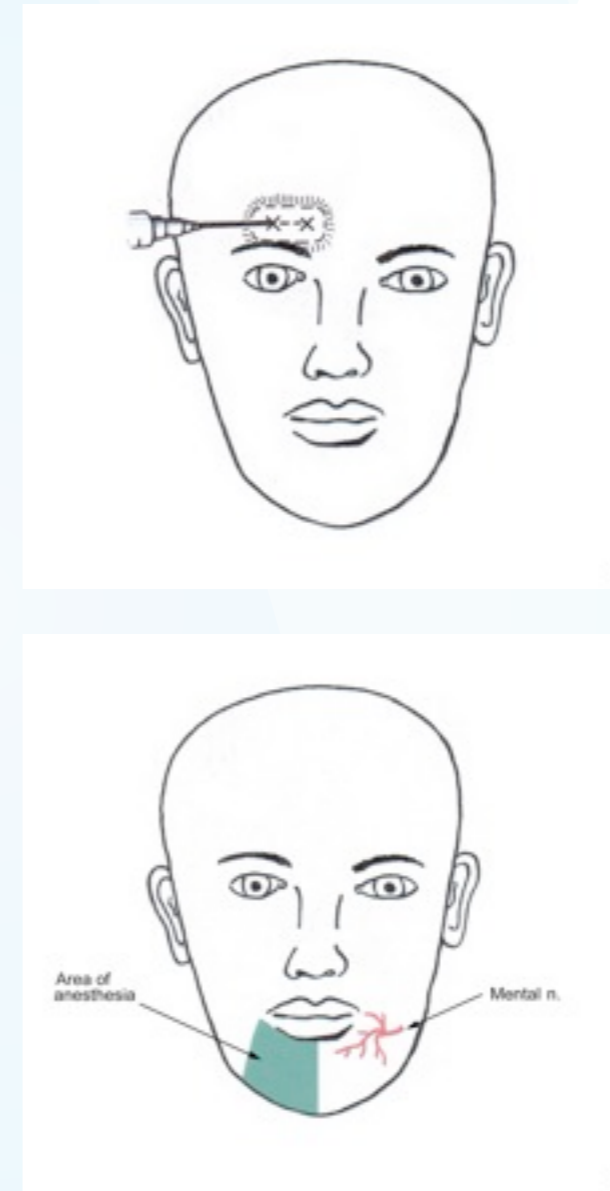
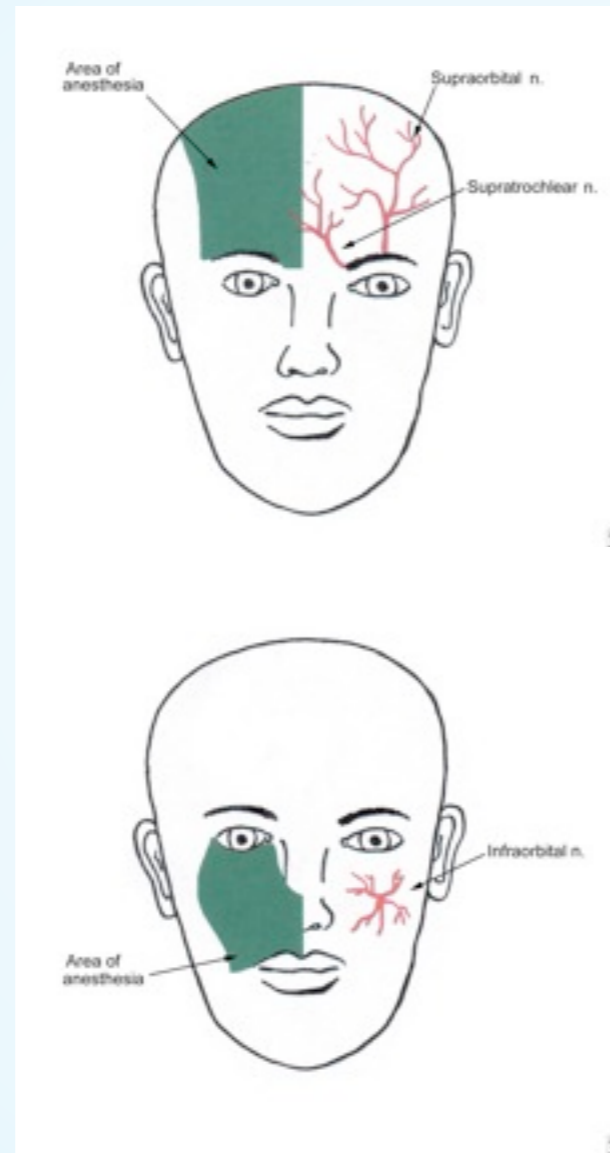
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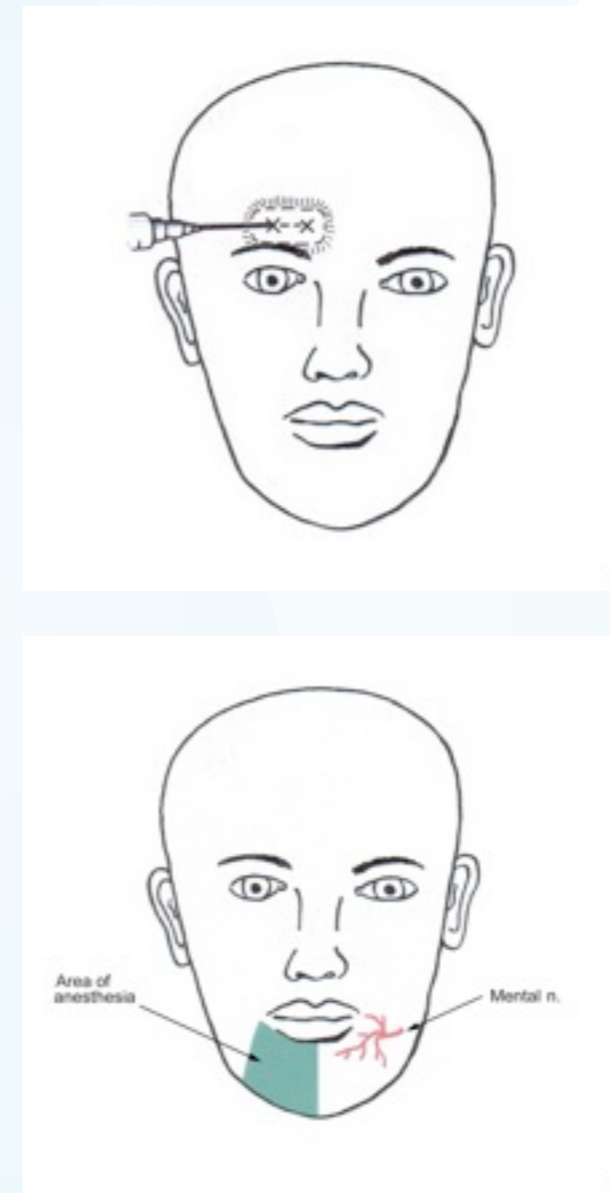
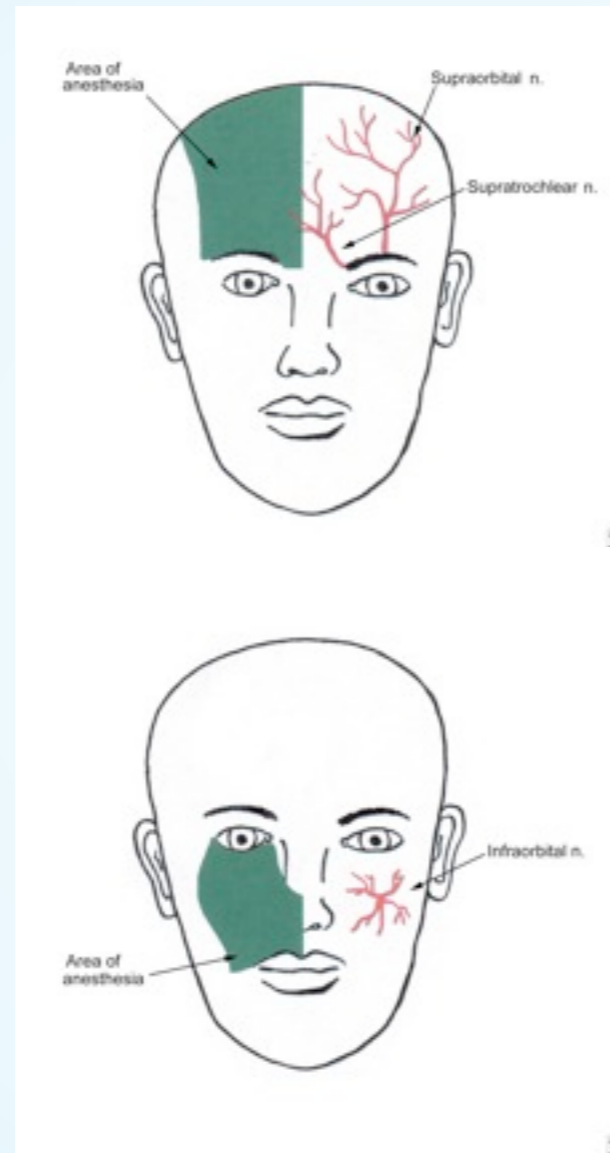


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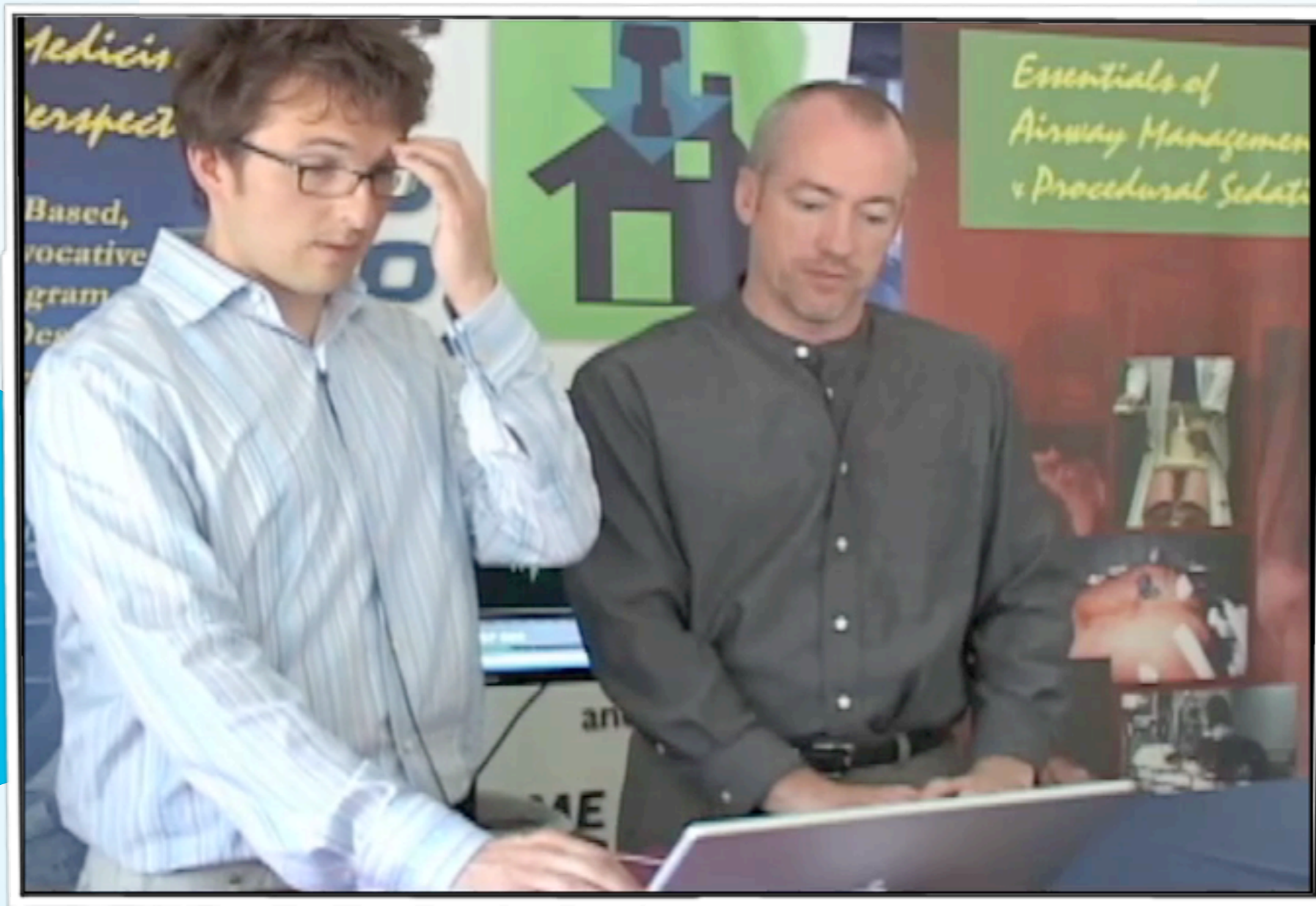
Area of
anesthesia

Mental n.

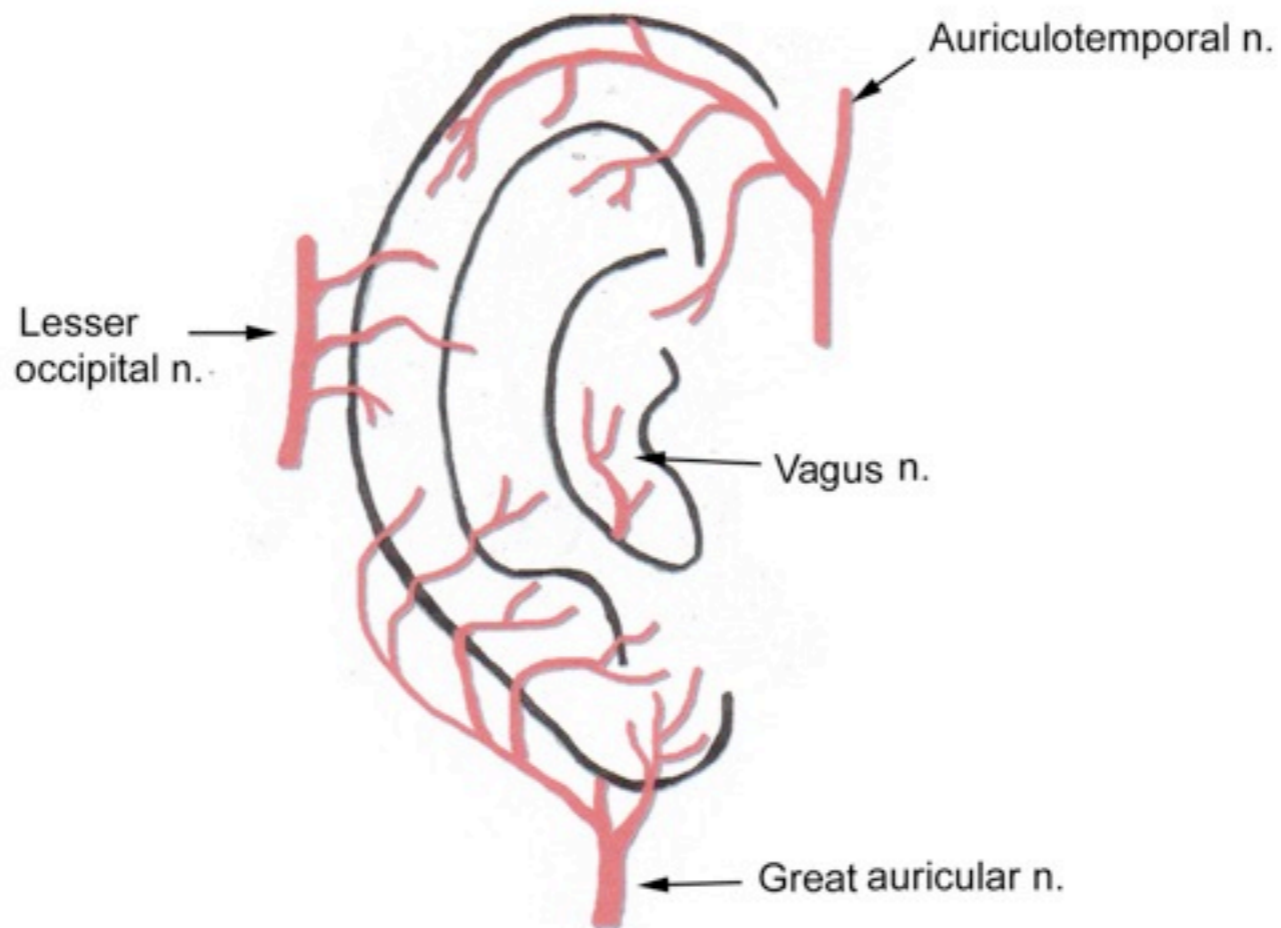
BLOCKS IN THE FACE



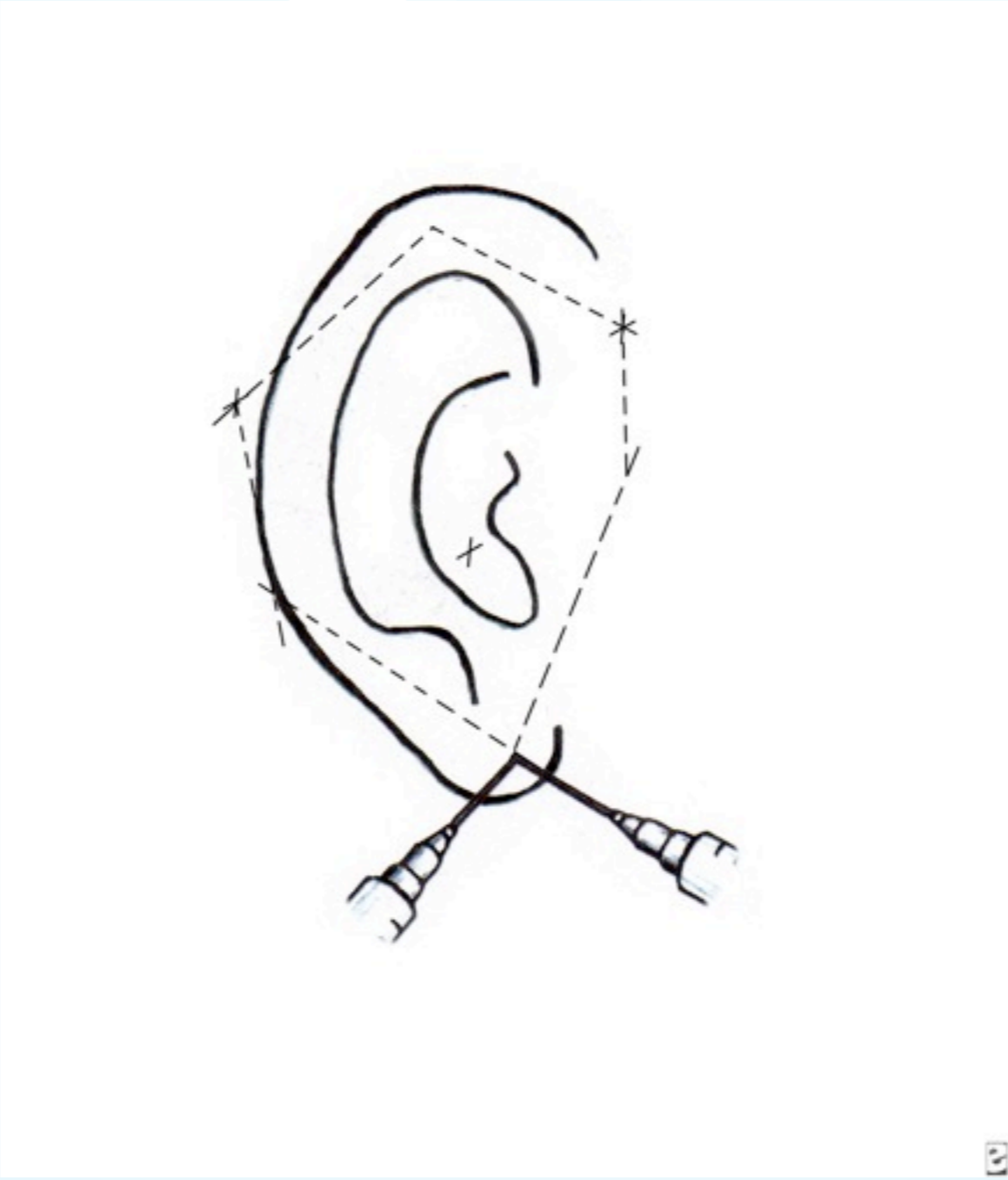
BLOCKS IN THE FACE



EARS



EARS

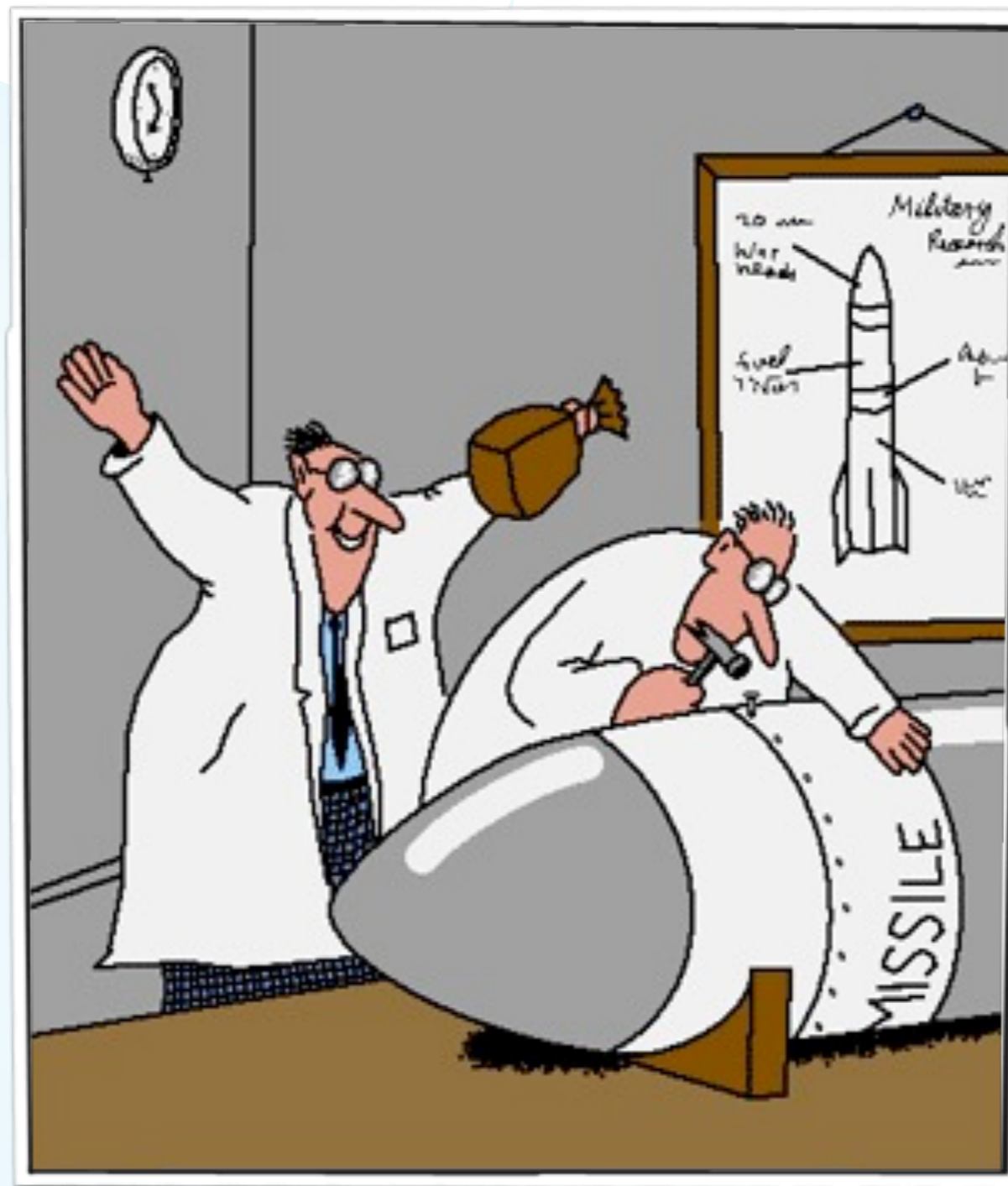


©

EARS

REFER

- + Wrist/Hand with visible tendons
- + Artery/Nerve damage
- + Medial lower eyelid
- + Lid edge
- + Deep Eye/mouth lac radial
- + Lip into nose
- + Stab wound chest/abdomen
- + Very large/contaminated wounds
- + Many facial wounds if unable to repair due to skill/time



QUESTIONS?